

## TRAINING IN VENEREOLOGY\*

BY

C. S. NICOL

*St. Bartholomew's and St. Thomas' Hospitals, London*

Venereology is recognized as a special subject in the hospital services under the National Health Services Act of 1948. Thus there is an obligation on the part of the Minister of Health to provide an adequate service to the public in relation both to staff and to premises. An annual report on the state of the Venereal Disease Services is made by the Chief Medical Officer to the Ministry of Health. A senior consultant venereologist is appointed as Adviser to the Ministry, and the medical profession is given up-to-date information of the quarterly returns of cases, which are published with other Public Health information in the *British Medical Journal*.

It is, therefore, essential to be sure that the subject of venereology has taken its place in the training syllabus of all doctors, nurses, and social workers, a small proportion of whom will ultimately make up the team of highly-trained personnel who staff the Special Treatment Centres which handle the complex medical and social problems of patients with sexually-transmitted diseases.

### THE TRAINING OF DOCTORS

#### (A) Undergraduate Training

Undergraduates of both sexes should have included in their syllabus in the second or third clinical year a course in venereology lasting from 6 to 12 weeks, varying according to the number of hours per week devoted to the subject. This course must be given by a consultant venereologist who should be included in the establishment of consultants at every teaching hospital.

The object of the course should be to give a basic training in the subject;

- (1) To students whose interest will be stimulated

sufficiently to influence them in taking up venereology as a special subject.

- (2) To students who will ultimately specialize in another subject.
- (3) To students who will ultimately specialize in public health.
- (4) To students who will ultimately practise medicine abroad.
- (5) To students who will enter general practice in the United Kingdom.

In every case this course will be of further use to the student in varying degrees. A further incentive for medical students to take an interest in this subject is the fact that questions on it may appear in the final papers, in medicine, surgery, gynaecology, and pathology, and that cases of venereal disease may be seen in the various final clinical examinations.

Typical of such courses is that organized by the writer at a London teaching hospital, details of which are given below:

- (1) The student visits the Clinic during his Introductory Course (first clinical year); he is shown round the clinic by the consultant, who gives a brief account of some of the social problems of the venereal diseases (this may well be based on the last Chief Medical Officer's Report, which has usually been given editorial comment in the lay press and in the medical journals). The medical aspects of these diseases are not discussed at this point. The visit lasts 45 to 60 minutes, with fifteen to twenty students in each group.
- (2) The main course is given in the third clinical year and groups of students attend the department in relays throughout the year. Each group consists of eight to twelve students of both sexes and each course lasts for 6 weeks. During this time the student shares his hospital working day between the Departments of Dermatology and Venereology. Obligatory attendances consist of ten 60-minute lecture demonstrations by the consultant:

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\* Presidential address to the Medical Society for the Study of Venereal Diseases on October 30, 1964. Extracts were given at the meeting of International Union against the Venereal Diseases and Treponematoses in Lisbon on April 26, 1965.

- (i) Introduction (course explained: textbooks for reading suggested). Statistics and social aspects.
- (ii) Early syphilis—classification of syphilis; primary stage.
- (iii) Early syphilis—secondary stage.
- (iv) Late syphilis—tertiary stage.
- (v) Late syphilis—central nervous and cardiovascular system syphilis.
- (vi) Diagnosis of syphilis—dark-ground examination and serology.
- (vii) Congenital syphilis.
- (viii) Gonorrhoea, including laboratory diagnosis.
- (ix) Non-gonococcal genital infection.
- (x) Chancroid, lymphogranuloma venereum and granuloma inguinale.

All these lectures, which take place in the clinic, are illustrated by  $3\frac{1}{4} \times 3\frac{1}{4}$ " colour Ektachrome slides, and clinical cases are also shown. Patients with late acquired and congenital syphilis attend by appointment (encouraged by an honorarium of 7s. 6d.). Others are shown as the opportunity arises: this applies to patients with early syphilis, complications of gonorrhoea, Reiter's disease, genital warts, and pediculosis pubis or scabies. This last group of patients, having agreed to being seen, have their eyes covered by a mask to save embarrassment. Students are also shown films on venereology dealing both with the clinical and social aspects. In addition, one of the six weeks is an obligatory clerking week for each student, who either "sits in" with the medical officers interviewing and examining either male or female patients, or works with the male nurses to get practical experience of dark-ground microscopy, Gram-staining of slides, examination for *T. vaginalis* and *Candida*, venepuncture, and the technique of lumbar puncture. The student also has the opportunity of seeing the work of the medical social worker and of the welfare officer, who deals with the problems of contact and defaulter tracing.

For the rest of the time available the student may attend the clinic at any time when not committed to work in the Department of Dermatology. It should be emphasized that female students are treated the same as male students and attend the male as well as the female clinics.

## (B) Postgraduate Training

### (1) Training for Consultants

The Platt Report emphasized that it was compatible to be a part-time consultant and also a part-time family doctor (up to say five or six sessions). The Royal College of Physicians of London (1964) has recently laid down a Schedule of Training for Consultants, and Venereology has been included in the specialties in the field of medicine recognized by the College. The following section is quoted from the pamphlet issued by the College:

In considering consultant training in general the College holds the view that schedules and timetables should be kept as flexible as possible. No one should be debarred from obtaining a consultant post because his training and experience have been in some respects unorthodox, though it is clear that certain basic requirements should usually be met. It may be anticipated that a man or woman who ultimately becomes a candidate for a consultant post will, at the pre-clinical or undergraduate stage, have shown evidence of being above average in initiative and intellectual attainment: as, for instance, by having obtained a scientific degree at a university or graduated in a university honours degree. In this respect also, however, there is room for flexibility. Candidates should show evidence of capacity for research and should have carried out personally research or investigative work, either in a laboratory year or contemporaneously with other parts of training.

In general as much flexibility as possible should be allowed in assessing qualifications and in interpreting the requirements of these schedules.

A candidate for a consultant post in medicine or one of the branches or specialties of medicine should be in possession of an MRCP or an equivalent diploma or degree: and should have conformed, in the general pattern of his training career, with the requirements of the appropriate schedule.

## VENEREOLOGY

### A. The Pre-Registration Year

(At present 12 months: 6 months medicine; 6 months surgery or obstetrics).

### B. Post-Registration

For 12 months

Hospital posts: that is house physician, house surgeon or resident in a special hospital or a special department of a general hospital, or laboratory posts in sciences basic to medicine, or a research post.

For 12 months

Registrar (or equivalent) level in general medicine, or in a joint or rotating registrarship to include Dermatology, Genito-urinary Medicine, Gynaecology, Cardiology, Neurology, Psychiatry, or Rheumatology.

For 4 years

At registrar (or equivalent) level in Venereology with at least 2 years as senior registrar (or equivalent appointment) which should include experience in laboratory medicine with particular reference to Venereology.

- C. All appointments, after a certain date to be agreed would be held in approved hospitals. In general all "university hospitals" would be approved, and arrangements would be made for granting approval to other hospitals and institutions. For many consultant posts rotation between "university" and other hospitals at some stage during the training years is an advantage.

- D. A year can, with advantage, be spent in research or other special experience at home or abroad at some stage, and no strict sequence of posts need be observed before appointment to a senior registrarship or equivalent post. Research may be pursued contemporaneously with registrar experience.
- E. Time spent in general practice or working overseas or in the medical branch of one of the Services may be recognized as making up part of the training.

#### (2) Training for Assistant Posts

These posts are filled by some who fail to achieve consultant status and by some who come into the subject from general practice, but it must be emphasized that medical assistants can compete for consultant posts (Platt report). General practitioners can attend a 3-month course at one of the major teaching hospitals. In London this has been arranged through the Postgraduate Federation, and since 1964 they attend 3-hour sessions twice weekly to fit in with their practice commitments, and can claim for any necessary locum or travel expenses incurred.

#### (3) General Practitioner Refresher Courses

These are organized once or twice yearly by the Postgraduate Federation in London for groups of about twenty family doctors. The course is usually arranged at a London teaching hospital. For example a recent training week-end included Dermatology (1 day) and Venereology ( $\frac{1}{2}$  day) (meals being provided by the hospital). But 1-day courses and old students' postgraduate days are also arranged.

#### (4) Postgraduate Training through Societies and Conferences

The Medical Society for the Study of Venereal Diseases plays an important part in postgraduate education in venereology by inviting the presentation of papers (both long and short) on medical, research, and related social subjects at five meetings held in London each year, and one held out of London (alternate years in the United Kingdom and abroad). It also sponsors the British Cooperative Clinical Group for the purpose of statistical research. Its journal, the quarterly *British Journal of Venereal Diseases*, has a world-wide distribution; it is the main journal of the subject in the English language, and also summarizes papers in French. The majority of venereologists, including those in training, are members of the MSSVD.

The International Union Against the Venereal Diseases and the Treponematoses (IUVDT) holds two international meetings in every 5 years—these meetings are often arranged in co-operation with the Medical Society of the host country and the programme includes medical and social subjects.

The President of the Union is at present a British consultant venereologist.

The World Health Organization has a Section responsible for Venereal Diseases and Treponematoses which both initiates and supports medical and social research projects all over the world: Great Britain is represented on a number of the WHO Expert Committees.

### THE TRAINING OF ANCILLARY STAFF

#### Nurses

At the writer's hospital three lectures on venereology are given by the consultant venereologist to third year nurses, who are shown around the clinic by the sister-in-charge. Sisters who are first appointed in charge of a Special Treatment Centre visit other clinics for several weeks beforehand to gain experience.

#### Medical Social Workers and Welfare Officers

This is usually given after qualification and is arranged by the major clinics offering facilities for those newly appointed to visit at least two clinics before taking up their appointment. Occasionally, however, pre-qualification visits are also arranged by the day.

#### IDEAL ESTABLISHMENT FOR A TEACHING CLINIC

In the writer's opinion an ideal establishment for a large teaching hospital clinic would be as follows:

##### Medical Staff

- 2 Consultants—part-time
  - 2 Medical Assistants—part-time
  - 1 Senior Registrar (male or female) full-time
  - 2 Registrars (1 male, 1 female) full-time.
  - 1 Senior House Officer—full-time
  - 1 House Physician shared with medical firm (only responsible for in-patients—say two male beds and one female bed in general medical wards).
- It should be possible for extra research sessions to be made available when needed.

##### Female Nurses

- 1 Sister
- 1 Staff Nurse } State Registered
- 2 Nurses in Training
- 1 State Enrolled Nurse

##### Male Nurses

- 2 Supervisors } either State Registered or
- 4 Nurses } State Enrolled

##### Medical Social Worker

- 1 Full time or 2 part-time
- 1 Secretary

*Receptionists*

2 Male

2 Female

*Secretaries*

1 Chief Secretary

1 Assistant Secretary

*Welfare Officer*

1 (from local authority)

## PRESENT-DAY STAFFING SITUATION

**Consultants.**—There are 85 consultant venereologists (this is 1·1 per cent. of all consultants) and seventeen of them (20 per cent.) receive Distinction Awards (1964).

**Senior Registrars** (based on a 1964 Ministry of Health assessment)

*(a) Need of Consultants in next 5 years:*

Retirement at age 65 .. ..	15
Loss before age 65 (estimated) ..	10
Platt report need in 5 years ..	3
	—
Total	28
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*(b) Supply of Senior Registrars:*

Completed training .. ..	1
4th year and over .. ..	1
3rd year .. ..	—
2nd year .. ..	4
1st year .. ..	3
	—
	9
Supply of SHMOs .. ..	23
	—
Total	32
	—

If it is accepted that no great increase in consultants is needed, it should still be added that their percentage of distinction awards is on the low side, for instance the dermatologists have 31·1 per cent. Clearly the senior registrars in Training will not alone suffice to replace the loss of consultants, and the deficit will have to be made up from medical assistants (ex SHMOs). Thus, it is imperative that more senior registrars be trained. There is a general shortage of junior posts in the establishment of non-teaching hospital clinics: this deficit has to a great extent been put right (on paper) by the Platt recommendations, but it remains to be seen how quickly these will be implemented. The main recruiting of both men and women for these posts will come from the ranks of the family doctors, who must therefore be given every encouragement to take an interest in venereology. Various types of post-graduate courses for the GP have already been mentioned. The College of General Practitioners have added a tape-recording on venereology to their tape-lending library. The British Medical Association has helped to keep GPs informed by including papers on venereology in their Clinical Conferences and by inviting consultant venereologists to lecture to the local BMA Divisions. They have also published a Report on the results of a 3 years' Survey of Venereal Disease in Young People, and an abbreviated pamphlet about this Report has recently been published by the magazine *Family Doctor*. The BMA also recently called a Conference at BMA House, to which representatives of their Divisions were invited, where panels of doctors, teachers, social workers, clergymen, and young people discussed the social implications of the increase of venereal disease in the young. All these measures should not have failed to draw the attention of the family doctors to the importance of the control of these diseases to the health of the nation.